

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | G-G-     |        | 08/21/01 |
| O.I.P.E. CLASSIFIER       |          | 1071   | 8/21/01  |
| FORMALITY REVIEW          |          |        | 09/20/01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Date   |
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| 1     | 1/6/01 |
| 2     | 5/1/01 |
| 3     | 5/1/01 |
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| 7     | 1/6/01 |
| 8     | ✓      |
| 9     | 0      |
| 10    | 0      |
| 11    | ✓      |
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| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy